



State of Maryland  
 Department of Health and Mental Hygiene  
 Division of Community Services  
 6 St. Paul Street, Suite 1301  
 Baltimore MD 21202-1608

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## PUBLIC POOL AND SPA INJURY AND ILLNESS REPORT FORM

Maryland Public Pools and Spas regulations (COMAR 10.17.01.51) require a public pool or spa owner to report to the Department of Health and Mental Hygiene (DHMH):

- Within 24 hours of the incident, an injury, drowning, near drowning, or suction entrapment occurring at a pool or spa that results in death or requires resuscitation or admission to a hospital,
  - Within 24 hours of the owner's/operator's knowledge of the incident, a waterborne illness contracted at a pool or spa, and
  - Every 3 months during operation or at the facility's seasonal closure, a water rescue by aquatic safety personnel.
- If a reportable incident occurs, complete the form, attached all required documentation, and submit to the local health department as stipulated.

1. Facility Name \_\_\_\_\_
2. Facility Address \_\_\_\_\_ County \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_
3. Owner's Name \_\_\_\_\_
4. Owner's Address \_\_\_\_\_ Phone \_\_\_\_\_
5. Pool Management Company Name  NA \_\_\_\_\_ Phone \_\_\_\_\_
6. Facility Type (i.e. community pool, school, hotel, condominium, health club) \_\_\_\_\_
7. Pool or Spa Use (i.e. adult, general, residents or members only) \_\_\_\_\_

1. Date of Injury or Illness \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. Time \_\_\_\_ a.m. / p.m. 3. Type of Injury or Illness, Specify below:  
 \_\_\_\_ Active Drowning \_\_\_\_ Passive Drowning \_\_\_\_ Near-Drowning \_\_\_\_ Water Rescue \_\_\_\_ Suction Entrapment  
 \_\_\_\_ Injury, Specify \_\_\_\_\_  
 \_\_\_\_ Waterborne Illness, Specify \_\_\_\_\_ Other, Specify \_\_\_\_\_

4. Describe the Injury or Illness, attach addition page(s) if necessary \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Indicate Incident Location	Outdoor Facility	Indoor Facility	Main Pool	Wading Pool	Therapy Pool	Spray Pool	Spa	Swim Spa	Water Recreation Feature, Specify
<i>✓Check all that apply</i>									

6. Was Victim Treated by \_\_\_\_The Facility's Staff \_\_\_\_Emergency Response Personnel \_\_\_\_A Physician
7. Was Resuscitation Required \_\_\_\_No \_\_\_\_Yes-Performed by \_\_\_\_\_; AED Device Used \_\_\_\_No \_\_\_\_Yes
8. Was Victim Admitted to the Hospital \_\_\_\_No \_\_\_\_Yes-Hospital Name \_\_\_\_\_
9. Did Injury/Illness Result in Death \_\_\_\_No \_\_\_\_Yes-Date/Time of Death \_\_\_\_\_
10. Identify Each Emergency Response Unit (EMS, Police, or Fire) and Provide Report # \_\_\_\_\_
11. Was a Certified Pool Operator Present \_\_\_\_No \_\_\_\_Yes-Attach Pool Operator's Certification
12. Was a Lifeguard Present \_\_\_\_No \_\_\_\_Yes-Indicate Number of Lifeguards Present \_\_\_\_\_ -Identify the lifeguard and victim location on a pool diagram. Submit with report-diagram, facility supervision plan, house rules, pool emergency plan, and lifeguard(s) certification.
13. Local and/or State Agencies Notified, Name and Date \_\_\_\_\_  
 \_\_\_\_\_

1. Owner/Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_
2. Print Name/Title \_\_\_\_\_ Phone \_\_\_\_\_
3. EMail \_\_\_\_\_ Fax \_\_\_\_\_